

DAILY MEAL COUNT FORM

For Self-Prep On-site Meal Service

Directions: Please complete all parts of the form below each day. Use a separate copy for each meal.

1.	Sponsor Name:	Date:																			
2.	Site Name/Location:	Circle Meal Type: Breakfast Lunch Snack																			
3.	Site Supervisor's Name:	Time of Delivery:(site supervisor fill in)																			
4.	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;"># Meals Prepared</div> <div style="font-size: 24px;">+</div> <div style="border: 1px solid black; padding: 2px;"># Meals Available from Previous Day:</div> <div style="font-size: 24px;">=</div> <div style="border: 1px solid black; padding: 2px;">Total Meals Available:</div> </div>																				
5.	FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each child receives the complete meal. Circle last number crossed out. The meal count should not be taken before anyone has been served or after everyone is seated.																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
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	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	148	139	140	
	141	142	143	144	145	146	147	148	149	150	151	152	153	14	155	156	157	158	159	160	
	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	
	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	
Total FIRST Meals Served to Children (number circled above)																				=	
7.	SECOND MEALS Served to Children (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20														Total SECOND Meals Served to Children				+		
8.	Meals served to PROGRAM ADULTS (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20														Total PROGRAM ADULT Meals Served				+		
9.	Meals served to NON-PROGRAM ADULTS (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20														Total NON-PROGRAM ADULT Meals Served				+		
10.	TOTAL MEALS SERVED																			+	
11.	Damaged/incomplete Meals																			+	
12.	Left over Meals																			+	
13.	TOTAL MEALS (Should equal "Total Meals Available" noted in Line 4 above)																			=	
I certify that the above information is true and correct: <div style="display: flex; justify-content: space-between;"> Signature of Site Supervisor: _____ Date: _____ </div>																					

DAILY MEAL COUNT FORM AND DELIVERY RECEIPT

For Self-Prep Satellited Meals

Directions: Please complete all parts of the form below each day. Use a separate copy for each meal. This form must be turned in to the sponsor on a regular basis.

1.	Sponsor Name: _____	Date: _____																																																																																																																																																																																																								
2.	Site Name/Location: _____	Circle Meal Type: Breakfast Lunch Snack																																																																																																																																																																																																								
3.	Site Supervisor's Name: _____	Time of Delivery:(site supervisor fill in) _____																																																																																																																																																																																																								
4.	# Meals Ordered (central kitchen fill in from previous day count sheet or by telephone): _____	# Meals Packaged for Delivery (central kitchen fill in): _____																																																																																																																																																																																																								
5.	# Meals Delivered (site supervisor fill in) : _____	<div style="display: flex; align-items: center; justify-content: space-between;"> <div> + </div> <div> # Meals Available from Previous Day (site supervisor fill in): _____ </div> <div> = </div> <div> Total Meals Available (site supervisor fill in): _____ </div> </div>																																																																																																																																																																																																								
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	<table border="1" style="width: 100%; text-align: center; font-size: 0.8em;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td></tr> <tr><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td></tr> <tr><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td></tr> <tr><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td></tr> <tr><td>101</td><td>102</td><td>103</td><td>104</td><td>105</td><td>106</td><td>107</td><td>108</td><td>109</td><td>110</td><td>111</td><td>112</td><td>113</td><td>114</td><td>115</td><td>116</td><td>117</td><td>118</td><td>119</td><td>120</td></tr> <tr><td>121</td><td>122</td><td>123</td><td>124</td><td>125</td><td>126</td><td>127</td><td>128</td><td>129</td><td>130</td><td>131</td><td>132</td><td>133</td><td>134</td><td>135</td><td>136</td><td>137</td><td>148</td><td>139</td><td>140</td></tr> <tr><td>141</td><td>142</td><td>143</td><td>144</td><td>145</td><td>146</td><td>147</td><td>148</td><td>149</td><td>150</td><td>151</td><td>152</td><td>153</td><td>14</td><td>155</td><td>156</td><td>157</td><td>158</td><td>159</td><td>160</td></tr> <tr><td>161</td><td>162</td><td>163</td><td>164</td><td>165</td><td>166</td><td>167</td><td>168</td><td>169</td><td>170</td><td>171</td><td>172</td><td>173</td><td>174</td><td>175</td><td>176</td><td>177</td><td>178</td><td>179</td><td>180</td></tr> <tr><td>181</td><td>182</td><td>183</td><td>184</td><td>185</td><td>186</td><td>187</td><td>188</td><td>189</td><td>190</td><td>191</td><td>192</td><td>193</td><td>194</td><td>195</td><td>196</td><td>197</td><td>198</td><td>199</td><td>200</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	148	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	14	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	
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2.	Site Name/Location:	Circle Meal Type: Breakfast Lunch Snack																			
3.	Site Supervisor's Name:	Time of Delivery:(site supervisor fill in)																			
4.	# Meals Ordered (vendor fill in from previous day count sheet or by telephone) _____	# Meals Packaged for Delivery:(vendor fill in) _____																			
5.	# Meals Delivered (site supervisor fill in) : _____	+ # Meals Available from Previous Day (site supervisor in): _____ = Total Meals Available (site supervisor fill in): _____																			
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15.	ESTIMATED NUMBER OF MEALS NEEDED FOR NEXT DELIVERY DATE:																				
I certify that the above information is true and correct:																					
Signature of Site Supervisor: _____ Date: _____																					

DAILY MEAL COUNT FORM

For Day Camp Sites

Sponsor Name:

Site Name/Location:

Site Supervisor's Name:

DIRECTIONS: Fill in the camp roster for each session and make enough copies for the number of weeks in the session. Use a symbol to denote eligibility of each camper. Check off each day each child eats., then total the number of meals served to free eligible and ineligible campers daily.

CAMP ROSTER FOR WEEK OF	Monday		Tuesday		Wednesday		Thursday		Friday	
	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc
1.										
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TOTALS FOR FREE ELIGIBLE CHILDREN										
TOTALS FOR INELIGIBLE CHILDREN										
# Meals served to Program Adults										
# Meals served to Non-Program Adults										

I certify that the above information is true and correct:

Signature of Site Supervisor:

Vermont Department of Education
Child Nutrition Programs

DAILY MEAL COUNT FORM FOR RESIDENTIAL CAMPS

Camp Name:

DIRECTIONS: Fill in the camp roster for each session and make enough copies for the number of weeks in the session. Use a symbol to denote eligibility of each camper. Check off each day each child eats., then total the number of meals served to free eligible and ineligible campers daily.

[illegible]